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JTE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on November 12, 2004

Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)

Tanya Parker
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P5112-PIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
) Examiner: Le, Dieu Minh T.
Robert S. Gittins et al.)
) Group Art Unit: 2114
Serial No. 10/039,417)
)
Filing Date: January 4, 2002)
)
Title: METHOD AND APPARATUS FOR)
 FACILITATING VALIDATION OF DATA)
 RETRIEVED FROM DISK)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed October 18, 2004.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- [x] No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|----------|------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | |
| If Amendment adds multiple dependent claims, add \$260.00 | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☐ A check in the amount of \$___ is enclosed.
- ☐ Charge \$___ to Deposit Account No. ___ (Docket No. ___).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5112).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: November 12, 2004



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Application Number : 10/039,417
Applicant : Robert S. Gittins et al.
Filed : January 4, 2002
TC/A.U. : 2114
Examiner : Le, Dieu Minh T.

Confirmation Number: 8974

Docket Number : SUN-P5112-PIP
Customer No. : 22,835

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **October 18, 2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.